

SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION
CHICAGO POLICE DEPARTMENT

STATE OF ILLINOIS)

COUNTY OF COOK)

CC

Location of Incident	Date	Time
Summary of Statement(s):		

I, _____ hereby state as follows:

1. I have read the above summary and/or attached statement(s) in its entirety, reviewed it for accuracy and been given an opportunity to make corrections and additions to the statement(s).
2. Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I certify that the information set forth in the statement(s) above and/or attached summary is true and correct except as to any matters therein stated to be on information and belief as to such matters, I certify as aforesaid that I verily believe the same to be true.

Print Affiant's Name _____

Print Witness's Name _____

Affiant's Signature _____

Witness's Signature _____

Date _____

Date _____

CPD-44.126 (Rev. 6/09) English

Attachment No. _____

Complaint Log No. _____